### Case 18-20022 Doc 1 Filed 07/17/18 Entered 07/17/18 19:34:20 Desc Main Document Page 1 of 34

|  |   |   |   | 100   |
|--|---|---|---|---|
| Fill in this inf                                     | ormation to i   | dentify your case   |   |   |
| Debtor 1   | Gloria<br>Frat Nama   | Middle Name   | Castillo<br>Last Name   |   |
| District.  | P.EST.7498THR   | Missis Name   | Late Same   |   |
| Debtor 2<br>(Spouse, if filing)                      | First Name  | Middle Name   | Last Name   |   |
| United States Ba                                     | nkruptcy Court for  | the: NORTHERN D   | DISTRICT OF ILLINOIS  |   |
| Case number  |   |   |   | D Continue  |
| (if known)   |   |   |   | Check if this is an<br>amended filing   |
| Official Form  | 106Dec  |   |   |   |
| 50.00  |   | ndividual Debt  | tor's Schedules   | 12/1  |
| oncealing proper                                     | rty, or obtaining   | money or property by  | chedules or amended schedul<br>y fraud in connection with a bo<br>18 U.S.C. §§ 152, 1341, 1519, a                                     | inkruptcy case can result in fines up to  |
| oncealing proper<br>259,000, or impri                | rty, or obtaining<br>isonment for up t<br>in Below                      | money or property by<br>to 20 years, or both.                 | y fraud in connection with a bo   | inkruptcy case can result in fines up to<br>and 3571.   |
| oncealing proper<br>259,000, or impri                | rty, or obtaining<br>isonment for up t<br>in Below                      | money or property by<br>to 20 years, or both.                 | y fraud in connection with a bo<br>18 U.S.C. §§ 152, 1341, 1519, a  | inkruptcy case can result in fines up to<br>and 3571.   |
| oncealing proper 259,000, or impri                   | rty, or obtaining<br>isonment for up t<br>in Below                      | money or property by<br>to 20 years, or both.                 | y fraud in connection with a bo<br>18 U.S.C. §§ 152, 1341, 1519, a  | inkruptcy case can result in fines up to<br>and 3571.   |
| Sig<br>Did you pay to                                | rty, or obtaining<br>isonment for up t<br>in Below<br>or agree to pay s | money or property by<br>to 20 years, or both.                 | y fraud in connection with a bo<br>18 U.S.C. §§ 152, 1341, 1519, a  | ankruptcy case can result in fines up to and 3571.  bankruptcy forms?  Attach Bankruptcy Petition Preparer's Notice.  |
| Did you pay o  | rty, or obtaining somment for up to the property of person              | money or property by<br>to 20 years, or both.                 | y fraud in connection with a bo<br>18 U.S.C. §§ 152, 1341, 1519, a<br>an attorney to belp you fill out                                | ankruptcy case can result in fines up to and 3571.  bankruptcy forms?  Attach Bankruptcy Petition Preparer's Notice.  |
| Did you pay o  | rty, or obtaining somment for up to the property of perjury, I decent.  | money or property by<br>to 20 years, or both.                 | y fraud in connection with a bo<br>18 U.S.C. §§ 152, 1341, 1519, a<br>an attorney to belp you fill out                                | bankruptcy case can result in fines up to and 3571.  bankruptcy forms?  Attach Bankruptcy Petition Preparer's Notice. Declaration, and Signature (Official Form 119). |
| Did you pay o  Ves. No  Under penalty true and corre | rty, or obtaining somment for up to the property of perjury, I decent.  | money or property by to 20 years, or both.  omeone who is NOT | y fraud in connection with a be<br>18 U.S.C. §§ 152, 1341, 1519, a<br>an attorney to belp you fill out<br>the summary and schedules f | bankruptcy case can result in fines up to and 3571.  bankruptcy forms?  Attach Bankruptcy Petition Preparer's Notice. Declaration, and Signature (Official Form 119). |

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| De | blar 1 | Gloria Castillo Case nu  | inper (  | (if knover)                  |            |
|----|--------|--|----------|------------------------------|------------|
| F  | art 4  | Answer These Questions for Administrative and Statistical Re-  | cords    |                              |            |
| 6. | Are    | you filing for bankruptcy under Chapters 7, 11, or 13?   |          |                              |            |
|    |        | No. You have nothing to report on this part of the form. Check this box and submit this Yes  | s form   | to the court with your other | schedules. |
| 7. | Wha    | t kind of debt do you have?  |          |                              |            |
|    | ☑      | Your dobts are primarily consumer dobts. Consumer dobts are those "incurred by a family, or household purpose," 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purpose. | poses    | 28 U.S.C. § 159.             |            |
|    |        | Your debts are not primarily consumer debts. You have nothing to report on this pa<br>this form to the court with your other schedules.  | rt of th | e form. Check this box and   | submit     |
| 8. |        | in the Statement of Your Current Monthly Income: Copy your total current monthly income: 122A-1 Line 11: OR, Form 122B Line 11: OR, Form 122C-1 Line 14.                         | come f   | ian .                        | \$1,477,53 |
| 9, | Сор    | y the following special categories of claims from Part 4, line 6 of Schedule E/F:  |          |                              |            |
|    |        |  | т        | otal claim                   |            |
|    | Fron   | n Part 4 on Schedule E.F. copy the following:  |          |                              |            |
|    | 9a.    | Demestic support abligations. (Copy line da.)  |          | \$0.00                       |            |
|    | 96.    | Taxes and certain other debts you owe the government. (Copy line 6b.)  |          | \$0.00                       |            |
|    | 9c.    | Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  |          | \$0.00                       |            |
|    | 9d.    | Student loans. (Copy line 6f.)   |          | \$0.00                       |            |
|    | 9e.    | Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)   |          | \$0.00                       |            |
|    | 91.    | Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)   | +_       | \$0.00                       |            |

.9g. Total, Add lines 9a through 9f.

\$0.00

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| List all   | line 4 hers  |   | For Debtor 1  | For Debt   |  |  |  |
|--|--|---|---|--|--|--|--|
| List all   | line 4 hers  |   |   | non-filing   | spouse   |  |  |
| List all   |  | 4.  | \$1,477,53  |  |  |  |  |
|  | payroll deductions:  |   |   |  |  |  |  |
| 58. Tr   | ax, Medicare, and Social Security deductions   | 5a.   | \$347.19  |  |  |  |  |
|  | andatory contributions for retirement plans  | 5b.   | \$0.00  |  |  |  |  |
|  | oluntary contributions for retirement plans  | 50.   | \$0.00  |  |  |  |  |
|  | equired repayments of retirement fund loans  | 50.   | \$0.00  |  |  |  |  |
|  | surance  | 5e.   | \$0.00  |  |  |  |  |
| St. De   | omestic support obligations  | 57.   | \$0.00  |  |  |  |  |
|  | nion dues  | 50.   | \$4.50  |  |  |  |  |
|  |  |   | 2000000   |  |  |  |  |
|  |  | 51.+  | \$0.00  |  |  |  |  |
|  |  | 6.  | \$351,69  | _  | -  |  |  |
| Calcul   | ate total monthly take-home pay. Subtract line 6 from line 4.  | 7.  | \$1,125.84  |  |  |  |  |
|  | [18] [18] [18] [18] [18] [18] [18] [18]  |   |   |  |  |  |  |
| bu   | usiness, profession, or farm   | Sa.   | \$0.00  | _  | _  |  |  |
| gr   | oss receipts, ordinary and necessary business expenses, and  |   |   |  |  |  |  |
| Sb. Int  | terest and dividends   | Bb.   | \$0.00  |  |  |  |  |
|  |  | 8c.   | \$0.00  |  |  |  |  |
|  |  |   |   |  |  |  |  |
| 8d. Ur   | nemployment compensation   | 8d.   | \$0.00  |  |  |  |  |
| Se. Sc   | ocial Security   | ile.  | \$0.00  |  |  |  |  |
| ins<br>ca<br>(b)   | clude cash assistance and the value (if known) or any non-<br>ish assistance that you receive, such as food stamps<br>enefts under the Supplemental Nutrition Assistance Program)  |   |   |  |  |  |  |
| 50   | pecify:  | ar.   | \$0.00  |  |  |  |  |
| Bo. Pe   | ension or retirement income  | Ba.   | \$0.00  |  |  |  |  |
| Sh. Ot   | ther monthly income.   | 81.+  | 50.00   |  |  |  |  |
|  |  | 9.  | \$0.00  |  |  |  |  |
| Calcula  | ate monthly importe. Add line 7 + line 9   | 10  | DANGE SHAROM  |  |  | . [  | \$1,125.84   |
| Add the  | entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | -   | #1,729,04   |  |  | L  | 41,120,04  |
| Include  | contributions from an unmarried partner, members of your houselve  | chedul<br>old, you  | e J.<br>ur dependents, yo   | ur roommates   | , and offi   | qr'  |  |
| Do not   | include any amounts already included in lines 2-10 or amounts that   | are es  | of available to new   | expenses list  | ad in Sen  | om o   | le J.  |
|  |  |   |   | - Angles ( See )   |  | +  | \$0.00   |
|  | THE RESERVE OF THE PROPERTY OF | The re  | sult is the commis  | ed monthly   |  | Г  | \$1,125.84   |
| income.  | Write that amount on the Summary of Your Assets and Liabilities  |   |   |  |  | C  | ombined  |
|  |  | sis for   | n?  |  |  |  | onthly income  |
|  | production .   |   |   |  |  |  |  |
|  |  |   |   |  |  |  |  |
| THE R. P. LEWIS CO. LANSING MICH. LANSING MI | Specify Add the Specify Ba. No be Add the Ba. No be Ba. Se Ba. On calculation Ba. Se Ba. On calculation Ba. Specify Add the Specify Add the rich app Do you No you  | Sg = 5h.  Calculate total monthly take-home pay. Subtract line 6 from line 4.  List all other income regularly received:  8a. Net income from rental property and from operating a business, profession, or farm.  Altach a statement for each property and business aboving gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8b. Interest and dividends.  8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8d. Unemployment compensation.  8e. Social Socially.  8f. Other government assistance that you regularly receive include cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify.  8g. Pension or retirement income.  8h. Other monthly income. Add lines 8a + 8b + 8c + 8d + 8d + 8f + 8g + 8h.  Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. State all other regular contributions to the expenses that you list in Sk include contributions from an unmarried partner, members of your househ friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that Specify.  Add the amount in the last column of line 10 to the amount in line 11, income. Write that amount on the Summary of Your Assets and Liabilities if it applies.  Do you expect an increase or decrease within the year after you file the You you expect an increase or decrease within the year after you file the You. | Add the payroll deductions. Add lines \$a + 5b + 5c + \$d + 5e + 5f + 6. \$5 + 5h.  Calculate total monthly take-home pay. Subtract line 6 from line 4. 7.  List all other income regularly received:  2. Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business aboving gross receipts, ordinary and necessary business expenses, and the total monthly nat income.  2. Interest and dividends  3. Interest and frequency settlement.  3. Interest and dividends  4. Inte | Add the payroll deductions. Add lines \$a + 5b + 5c + 5d + 5c + 5f + 6. \$351.69 \$g + 5h, Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$1,125.84  List all other income regularly received:  8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business aboving gross receipts, ordinary and necessary business expenses, and the total monthly nat income.  8b. Interest and dividends  8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8d. Unemployment compensation  8d. \$0.00  8e. Social Socially  8f. Other government assistance that you regularly receive include cash assistance and the value of known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  8pecify:  8g. Pension or retirement income  8h. Other monthly income.  8pecify:  Add all other income. Add lines 8a + 8b + 8c + 8d + 8d + 8f + 8g + 8h.  9. \$0.00  Calculate monthly income. Add lines 8a + 8b + 8c + 8d + 8g + 8h.  9. \$0.00  State all other regular contributions to the expenses that you list in Schedule J. include contributions from an unmarried partner, members of your household, your dependents, your finends or relatives.  Do not include any amounts stready included in lines 2-10 or amounts that are not available to pay Specify.  Add the amount in the last column of line 10 to the amount in line 11. The result is the comming cone. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical in fit applies.  Do you expect an increase or decrease within the year after you file this form?  No. None. | Specify:  Specify:  Add lines fis + 50 + 50 + 5d + 5e + 5f + 6.  \$3.81.69  5g + 5h,  Calculate total monthly take-home pay.  Subtract line 6 from line 4.  7.  \$1.125.84  List all other income regularly received:  8a. Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business allowing gross receipts, ordinary and necessary business expanses, and the total monthly nat income.  8b. Interest and dividends  8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divideous settlement, and property settlement.  8d. Unemployment compensation  8e. Social Security  8f. Other government assistance that you regularly receive Include cash assistance and the value (if knavn) or any non- cash assistance and the value (if knavn) or any non- cash assistance and the value (if knavn) or any non- cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) are housing subsidies.  8g. Pension or retirement income  8g. \$0.00  8h. \$0.00  Add all other income. Add lines 8a + 8b + 8c + 8d + 8d + 8f + 8g + 8h.  9. \$0.00  Calculate monthly income.  Add line 7+ line 9.  Add the entries in are 10 for Debtor 1 and Debtor 2 or non-fling spouse.  State all other regular contributions to the expenses that you list in Schedule J. Include cantributions from an ormanic partner, members of your household, your dependents, your recommates friends or relatives.  De not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses list Specify  Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Your Assets and Liabilities and Certain Statistical information.  If applies. | Specify  Add lines 5a + 5b + 5c + 5d + 5e + 5f + 6.  \$381.59  \$5 + 5h.  Calculate total monthly take-home pay.  Subtract line 6 from line 4.  7.  \$11.25.84  List all other income regularly received:  8a. Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business aboving gross receipts, ordinary and necessary business expenses, and the total monthly not income.  8b. Interest and dividends  8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce softiement, and property selforment.  8c. Unemployment compensation  8c. Social Security  8c. Other government assistance that you regularly receive include cash assistance and the value (if known) or any non-cash assistance had you receive, such as food stamps (phenefits ander the Supplemental Nutrition Assistance Program) ar housing subsidies.  8pecify:  8g. Pension or retirement income  8h. Other menthly income.  Specify:  8h. \$0.00  Calculate monthly income. Add line 7 + line 9.  Add all other income. Add lines 8a * 8b + 8c * 8d + 8g * 8f + 8g * 8h.  Calculate monthly income.  Specify:  8c. \$0.00  State all other regular contributions to the expenses that you list in Schedule J.  Calculate monthly income.  Specify:  8c. \$0.00  State all other regular contributions to the expenses that you list in Schedule J.  Calculate monthly income an unmartied partner, members of your household, your dependents, your recommates, and oth friends or regular contributions to the expenses that you list in Schedule J.  Calculate monthly and the summaried partner, members of your household, your dependents, your recommates, and oth friends or regular contributions to the expenses that you list in Schedule J.  Calculate monthly income an unmartied partner, members of your household, your dependents, your recommates, and oth friends or regular contributions to the expenses that you list in Schedule J.  Calculat | Specify  Add lines 5a + 5b + 5c + 8d + 5e + 5f + 6.  \$351,69  \$5 + 5h,  Calculate total monthly take-home pay.  Subtract line 6 from line 4.  7. \$1,126,84  List all other income regularly received:  8a. Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8b. Interest and dividends  8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce softement, and property settlement.  8c. Unemployment compensation  8c. Social Social security  8c. Other government assistance that you regularly receive include cash assistance and the value (if known) or any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) ar housing subsidies.  Specify:  8g. Pension or retirement income  8g. \$0.00  8h. \$0.00  Calculate monthly income. Add lines 8a + 8b + 8c + 8d + 8d + 8f + 8g + 8h.  9. \$0.00  Calculate monthly income. Add lines 7 + line 9.  Add all other income. Add lines 8a + 8b + 8c + 8d + 8d + 8f + 8g + 8h.  9. \$0.00  Calculate monthly income.  Specify:  8d. \$0.00  State all other regular contributions to the expenses that you list in Schedule J. include contributions from an unmarried partner, members of your household, your dependents, your recommates, and other finands or recilives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. include contributions from an unmarried partner, members of your household, your dependents, your recommates, and other finands or recilives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedul the amount in the last column of line 10 to the amount in line 11. The result is the commitment of it appl |

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|   | ormation to iden                             | Mark Company of the Assessment   |                | III-                                   | 777 a.e. 1.    | If this is:                          |  |
|---|--|--|----------------|--|----------------|--------------------------------------|--|
| Debtor 1                                | Gloria<br>First Name                         | Widdle Name  | Cast<br>Last N |  | I had          | n amended filing<br>supplement shown | ng postpetition                        |
| Debtor 2                                | - Inner                                      |  |                |  | - 0            | as of the                            |  |
| (Spouse, if filing                      | or<br>Markova anakanska anakansa             | Middle Name  | Leet N         | ACTES OF A SECRET                      | 1              | sllowing date:                       |  |
|   | ankruptcy Court for th                       | NORTHERN DI  | STRICT O       | FILLINOIS                              | 1/             | M / DO / YYYY                        |  |
| Case number<br>(if known)               |  |  |                |  |                |                                      |  |
| Official Form                           | 106J   |  |                |  |                |                                      |  |
| Schedule J:                             | Your Expens                                  | es   |                |  |                |                                      | 12/1                                   |
| correct information<br>name and case nu | n. If more space is i<br>mber (if known). Ar | blo. If two married po<br>needed, attach anothe<br>iswer every question. | er sheet to    |  |                |                                      |  |
| Part 1: Des                             | scribe Your Hous                             | sehold   |                |  |                |                                      |  |
| f. Is this a joint                      | case?  |  |                |  |                |                                      |  |
|   | os Debtor 2 livo in a<br>No                  | separate household?  |                | s for Separate House                   | mold of D      | optor 2                              |  |
| Do you have o                           |  | No   | a. saperny     | 4 (10) 302400310 (1003)                | 1110101-001-00 |                                      |  |
| Do not list Deb<br>Debtor 2             | 17   |  |                | Dependent's relat<br>Debtor 1 or Debto |                | Dependent's                          | live with you?                         |
|   |  |  |                | Son                                    |                | 32                                   | - ☑ Yes                                |
| Do not state to<br>names.               | e dependents                                 |  |                |  |                |                                      | - B No<br>Yes                          |
|   |  |  |                |  |                |                                      | □ No                                   |
|   |  |  |                |  |                |                                      | — 🔲 Yes                                |
|   |  |  |                |  |                |                                      | - No Yes                               |
|   |  |  |                |  |                |                                      | □ No                                   |
| Do your owner                           | near Institute                               | F-1  |                |  |                |                                      | Yes                                    |
|   | eeple other than<br>your dependents?         | ☑ No<br>□ Yes  |                |  |                |                                      |  |
| Part 2: Est                             | mate Your Ongo                               | oing Monthly Expe  | onses          |  |                |                                      |  |
| estimate your expo                      | enses as of your bar                         | skruptcy filing date us<br>be bankruptcy is filed.                       | nluss you a    |  |                |                                      |  |
| he form and fill in                     | the applicable date.                         | 1  |                |  |                |                                      | ************************************** |
|   |  | sh government assist<br>on Schedule I: Your In                           |                |  |                | Your expor                           | 1506                                   |
|   |  | senses for your reside   |                |  |                | 4.                                   |  |
| If not included                         |  | A land in the Brown  | K (E) 1960     |  |                |                                      |  |
| 4a. Real estat                          | ne taxis                                     |  |                |  |                | 4a.                                  | \$41.66                                |
| 4b. Property.                           | hameowner's, or rent                         | er's insurance   |                |  |                | 4b.                                  | \$214.83                               |
|   | intenance, repair, and                       |  |                |  |                | 46.                                  | 2.000                                  |
| C221122-0-1150                          | and the same of the same                     | Sarahaningan   |                |  |                | 5-5-5                                |  |

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| Debt | or 1 Gloria Castillo  | Case number (if known) |
|------|---|------------------------|
|      |   | Your expenses          |
| 5.   | Additional mortgage payments for your residence, such as home equity loans  | 5.                     |
| 6.   | Utilities:  |                        |
| •    | 6a. Electricity, heat, natural gas  | 6a. \$300.00           |
|      | 6b. Water, sewer, garbage collection  | 6b. \$72.00            |
|      | 6c. Telephone, cell phone, Internet, satellite, and   | 6c. \$125.00           |
|      | cable services  | 6d.                    |
|      | 6d. Other. Specify:   |                        |
| 7.   | Food and housekeeping supplies  |                        |
| 8.   | Childcare and children's education costs  | 8.                     |
| 9.   | Clothing, laundry, and dry cleaning   | 9. \$20,00             |
| 10.  | Personal care products and services   | 10.                    |
| 11.  | Medical and dental expenses   | 11.                    |
| 12.  | Transportation. Include gas, maintenance, bus or train fare. Do not include car payments.   | 12. \$50.00            |
| 13.  | Entertainment, clubs, recreation, newspapers,   | 13. \$50.00            |
|      | magazines, and books<br>Charitable contributions and religious donations  | 14.                    |
|      |   | 1997                   |
| 15.  | Insurance.  Do not include insurance deducted from your pay or included in lines 4 or 20.   |                        |
|      | 15a. Life insurance   | 15a.                   |
|      | 15b. Health insurance   | 15b.                   |
|      | 15c. Vehicle insurance  | 15c.                   |
|      | 15d. Other insurance. Specify:  | 15d                    |
| 16.  | Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20   |                        |
|      | Specify:  | 10.                    |
| 17.  | Installment or lease payments:  | 17a.                   |
|      | 17a. Car payments for Vehicle 1   |                        |
|      | 17b. Car payments for Vehicle 2   | 17b.                   |
|      | 17c. Other. Specify:  |                        |
|      | 17d. Other, Specify:  |                        |
| 18.  | <ul> <li>Your payments of alimony, maintenance, and support that you did not report<br/>deducted from your pay on line 5, Schedule I, Your Income (Official Form 10)</li> </ul> | t as 18                |
|      |   |                        |
|      | Other payments you make to support others who do not live with you.<br>Specify:   | 19.                    |
| 20.  | Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.   |                        |
|      | 20a. Mortgages on other property  | 20a.                   |
|      | 20b. Real estate taxes  | 20b.                   |
|      | 20c. Property, homeowner's, or renter's insurance   | 20c                    |
|      | 20d. Maintenance, repair, and upkeep expenses   | 20d                    |
|      | 20e. Homeowner's association or condominium dues  | 20e.                   |

Official Form 106J

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| Det | for 1  | Gloria Castillo  | Case number (if known) |            |
|-----|--------|--|------------------------|------------|
| 21. | Other. | Specify:   | 21. +                  |            |
| 22. | Calcul | ate your monthly expenses.   |                        |            |
|     | 22a.   | Add lines 4 through 21.  | 22a.                   | \$1,123.49 |
|     | 22b.   | Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.   | 22b.                   |            |
|     | 220.   | Add line 22a and 22b. The result is your monthly expenses.   | 22c.                   | \$1,123,49 |
| 23. | Calcul | ate your monthly not income.   |                        |            |
|     | 23a.   | Copy line 12 (your combined monthly income) from Schedule I.   | 23в.                   | \$1,125.84 |
|     | 23b.   | Copy your monthly expenses from line 22c above.  | 23b. =                 | \$1,123,49 |
|     |        | Subtract your monthly expenses from your monthly income.<br>The result is your monthly net income.   | 23c.                   | \$2.35     |
| 24. | Do you | expect an increase or decrease in your expenses within the year after you fi   | le this form?          |            |
|     |        | ample, do you expect to finish paying for your car loan within the year or do you ex<br>at to increase or decrease because of a modification to the terms of your mortgage |                        |            |
|     | ☑ N    | L.   |                        |            |
|     | □ v    | None.  |                        |            |
|     |        |  |                        |            |

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|           | Fill in this information t  | to identify your case:   |   |                            | 26                                |  |
|-----------|---|--|---|----------------------------|-----------------------------------|--|
| Γ         | Debtor 1 Gloria   |  | Castillo  |                            |                                   |  |
| ı         | First Nav   | me Muidle Name   | Last Name   |                            | Che                               | ick if this is:  |
| ı         | Debtor 2<br>(Spouse, if filing) First Na                                | ne Mode Name   | Lad Name  |                            |                                   | An amended filing  |
| ı         | United States Bankruptoy Co   | urt for the: NORTHERN  | DISTRICT OF I   | LINOIS                     | 0                                 | A supplement showing postpetition<br>chapter 13 income as of the following date: |
|           | Case number<br>(if known)   |  |   |                            |                                   | MM / DD / YYYY   |
| 0         | fficial Form 106I   |  |   |                            |                                   | 10071111   |
| S         | chedule I: Your Inc   | ome  |   |                            |                                   | 12/15  |
| inc<br>ab | sponsible for supplying corr  | ect information. If you ar<br>r spouse. If you are sepa<br>ace is needed, attach a s | e married and not<br>rated and your sp<br>eparate sheet to ti | filling join<br>ouse is no | tly, and your<br>at filing with y | ou, do not include information   |
| -         | Part 1: Describe Emp  | oloyment   |   |                            |                                   |  |
| 1.        | Fill in your employment<br>information.                                 |  | Debtor 1  |                            |                                   | Debtor 2 or non-filling spouse   |
|           | If you have more than one<br>job, attach a separate page                | Employment status  | ☑ Employed  |                            |                                   | ☐ Employed   |
|           | with information about  |  | ■ Not employ  | ed                         |                                   | ☐ Not employed   |
|           | additional employers.   | Occupation   | Packer  |                            |                                   |  |
|           | include part-time, seasonal,<br>or self-employed work.                  | Employer's name  | Kellogg & Kee   | bler                       |                                   |  |
|           | Occupation may include<br>student or homemaker, if it<br>applies.       | Employer's address   | 750 E. 110th S<br>Number Street                               | treet                      |                                   | Number Street  |
|           |   |  | Chicago   | IL                         | 60628                             |  |
|           | 7   |  | City  | Stat                       | e Zip Code                        | City State Zip Code  |
| F         | Cart 22 Give Details A  | How long employed t  | Meaning Political   | rs                         | -                                 |  |
| nor       | n-filing apouse unless you are  | separated.<br>ave more than one employ   |   |                            |                                   | write 50 in the space. Include your s for that person on the lines below. If     |
| yw        | room more specie, access a a  | operate angel to the form  |   | For                        | Debtor 1                          | For Debtor 2 or<br>non-filing spouse   |
| 2.        | List monthly gross wages,<br>payroll deductions). If not p<br>would be. |  |   | 2                          | \$1,477.63                        |  |
| 3.        | Estimate and list monthly   | overtime pay.  |   | 3. +                       | \$0.00                            | V130   |
| 4.        | Calculate gross income.   | Add line 2 + line 3.   |   | 4.                         | 51,477.53                         |  |

Official Form 1061 Schedule I: Your Income page 1

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| ,   | Fill in this Inf                     | ormation to i                            | dentify your case                               | N N FAR KIRLE  |                                  |                                      |
|-----|--------------------------------------|--|---|--|----------------------------------|--------------------------------------|
| 3   | Debtor 1                             | Gloria<br>First Name                     | Middle Name                                     | Castillo<br>Lavi Nama  |                                  |                                      |
|     | Sebtor 2                             |  |   |  |                                  |                                      |
| 0   | Spouse, if filing)                   | First Name                               | Micidia Name                                    | Last Name  |                                  |                                      |
| IJ, |                                      | nkruptcy Court fo                        | the NORTHERN D                                  | ISTRICT OF ILLINOIS  |                                  |                                      |
|     | Case number<br>if known)             |  |   |  | Check amenda                     | f this is an<br>ed filing            |
| 0   | fficial Form                         | 106Sum                                   |   |  |                                  |                                      |
| S   | ummary of                            | Your Asse                                | ets and Liabilit                                | ies and Certain Statis   | stical Information               | 12/15                                |
| sci | rrect informatio<br>hedules after yo | n. Fill out all of                       | your schedules first;<br>inal forms, you must f | ed people are filing together, be<br>then complete the information<br>till out a new Summary and che | on this form. If you are filling | g amended                            |
|     |                                      |  |   |  |                                  | Your assets<br>Value of what you own |
| 1.  |                                      | Property (Official                       |   |  |                                  | \$18,250.00                          |
|     | 1a. Copyline                         | 55, Total real er                        | state. from Schedule A/                         | 0  |                                  | \$10,200.00                          |
|     | 1b. Copy line                        | 62, Total person                         | nal property, from Sche                         | dule AB  |                                  | \$21,500.00                          |
|     | 1c. Copy line                        | 63. Total of all p                       | roperty on Schedule A                           | /8   |                                  | \$39,750.00                          |
| F   | art 2: Sur                           | mmarize You                              | r Liabilities                                   |  |                                  |                                      |
|     |                                      |  |   |  |                                  | Your flabilities<br>Amount you own   |
| 2,  |                                      |  |   | Property (Official Form 1080)<br>claim, at the bottom of the last p                                  | age of Part 1 of Schedule D      | \$24,389.00                          |
| 3.  |                                      |  |   | (Official Form 100E/F)<br>red claims) from line 6e of School   | tule EF                          | \$0.00                               |
|     | 3b. Copy the                         | total claims from                        | Part 2 (nonpriority uns                         | ecured claims) from line 6j of Sci   | hedule E/F*                      | \$46,254.00                          |
|     |                                      |  |   |  | Your total liabilities           | \$70,643.00                          |
| P   | art 3: Sur                           | nmarize You                              | r Income and Exp                                | enses  |                                  |                                      |
| 4.  |                                      | our Income (Office<br>Inbined monthly in |   | chedule I  |                                  | \$1,125.84                           |
| 5.  |                                      |  | fficial Form 106J)<br>om line 22x of Schedul    | e J  |                                  | \$1,123.49                           |

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|    |                                  |  |  | oodinone rag  | ===191  |      |
|----|----------------------------------|--|--|---|---|------|
| ı  | Fill in this in                  | formation to                           | identify your case                                 |   | 16.   |      |
| 6  | Debtor 1                         | Gloria                                 |  | Castillo  |   |      |
| Г  |                                  | Frut Name                              | Mode Norse   | Last Name   |   |      |
|    | Debtor 2<br>Spouse, if filing    | ) FretName                             | Middle Name  | Last Name   | -   |      |
| 1  | Inited States Ba                 | ankruptcy Court fo                     | r the: NORTHERN D                                  | ISTRICT OF ILLINOIS                                       |   |      |
|    | Case number<br>if known)         |  |  |   | Check if this is an amended filing  |      |
| 0  | fficial Form                     | 106H                                   |  |   |   |      |
| S  | chedule H                        | : Your Cod                             | ebtors   |   |   | 12/1 |
| ne | eded, copy the<br>ge. On the top | Additional Page                        | , fill it out, and numbe<br>al Pages, write your n | r the entries in the boxes                                | g correct information. If more space is<br>on the left. Attach the Additional Page to this<br>known). Answer every question.                |      |
| 2. |                                  |  |  |   | tory? (Community property states and territories<br>Lexas, Washington, and Wisconsin.)  |      |
|    | LE-J                             | The Marian                             | mer spouse, or logal e                             | guivalent live with you at the                            | e tursy?  |      |
| 3. | person show<br>creditor on 5     | m in line 2 again<br>Schedule D (Offic | as a codebtor only if                              | that person is a guarantor<br>dule E/F (Official Form 108 | ebtor if your spouse is filing with you. List the or cosigner. Make sure you have listed the BEIF), or Schedule G (Official Form 106G). Use |      |
|    |                                  |  |  |   |   |      |

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

.

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| Fill in this inf                | ormation to          | identify your case | <b>第4世界的联系</b>        |                                    |
|---------------------------------|----------------------|--------------------|-----------------------|------------------------------------|
| Debtor 1                        | Gloria<br>First Name | Middle Name        | Castillo<br>Lini Nano |                                    |
| Debtor 2<br>(Spouse, if filing) | First Name           | Middle Name        | Last Name             |                                    |
| United States Bar               | nkruptcy Court fo    | or the: NORTHERN D | DISTRICT OF ILLINOIS  |                                    |
| Case number<br>(If known)       |                      |                    |                       | Check if this is an amended filing |

#### Official Form 106G

#### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.

    Yes. Fill in all of the information below even if the contracts or leases are listed on Schedule A&I. Property (Official Form 106A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction backlet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease

State what the contract or lease is for

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| Debtor 1                    | Gloria (             | Castillo   | Case number (if known)        |            |
|-----------------------------|----------------------|--|-------------------------------|------------|
| Part 4:                     | Add t                | he Amounts for Each Type of Unsecured Claim  |                               |            |
| 6. Total th<br>28 U.S.      | e amour<br>C. § 169, | ts of certain types of unsecured claims. This information is fo<br>Add the amounts for each type of unsecured claim. | or statistical reporting purp | oses anly. |
|                             |                      |  | Total ci                      | laim       |
| Total claims<br>from Part 1 | 6a.                  | Domestic support obligations   | ба.                           | \$0.00     |
| Dom Part 1                  | 6b                   | Taxes and certain other debts you owe the government   | 6b.                           | \$0.00     |
|                             | 60,                  | Claims for death or personal injury while you were intoxicate  | d 6c.                         | \$0.00     |
|                             | 66.                  | Other. Add all other priority unsecured claims. Write that amou  | nt here. 6d. +                | \$0.00     |
| *                           | 6a                   | Total. Add lines 6s through 6d.  | fid.                          | \$0.00     |
|                             |                      |  | Total ci                      | laim       |
| Total claims                | 0f.                  | Student loans  | 64.                           | \$0.00     |
| rom ranta                   | 6g.                  | Obligations arising out of a separation agreement or divorce that you did not report as priority claims              | 6g                            | \$0.00     |
|                             | Gh.                  | Debts to pension or profit-sharing plans, and other similar debts  | 6h.                           | \$0.00     |
|                             | Gi.                  | Other. Add all other nonpriority unsecured claims. Write that are  | mount here. Gr. + \$          | 46,254.00  |
|                             | 6.                   | Total. Add lines 6f through 6i.  | 6.                            | 546,254,00 |

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| laims Continuation Page  sentially from the Total claim  \$1,184.00  1 4 digits of account number 0 2 1 5 on was the debt incurred? 1/24/17 of the date you file, the claim is: Check all that apply.  Contingent Uniquidated Disputed  e of NONPRIORITY unsecured claim:  Student loans Obligations arrang out of a separation agreement or divorce |
|--|
| sentially from the S1,184,00 st 4 digits of account number 0 2 1 5 son was the debt incurred? 1/24/17 of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed se of NONPRIORITY unsecured claim: Student leans Obligations arising out of a separation agreement or divorce                                      |
| t 4 digits of account number 0 2 1 5 on was the debt incurred? 1/24/17 of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce  |
| on was the debt incurred? 1/24/17 of the date you file, the claim is: Check all that apply. Contingent Unliquidated Disputed e of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divotce  |
| of the date you file, the claim is: Check all that apply. Confingent Unliquidated Disputed e of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce  |
| Contingent Unliquidated Disputed  e of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divotce   |
| Unliquidated Disputed  e of NONPRIDRITY unsecured claim: Student loans Obligations arising out of a separation agreement or divotce  |
| Disputed  e of NONPRIORITY unsecured claim: Student leans Obligations arising out of a separation agreement or divorce   |
| Student loans Obligations answig out of a separation agreement or divorce  |
| Student loans Obligations answig out of a separation agreement or divorce  |
| that you did not report as priority claims. Debts to possion or profit-sharing plans, and other similar debts. Other: Specify  |
| Gredit Card  |
|  |
| \$16,307.00  |
| t 4 digits of account number 6 9 1 3   |
| on was the debt incurred? 3/17/05  |
| of the date you file, the claim is: Check all that apply.  Contingent  |
| Unliquidated   |
| Disputed   |
| e of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Spacify   |
| Credit Card  |
|  |
| \$4,559.00   |
| t 4 digits of account number 0 4 0 0   |
| on was the dobt incurred? 11/2/06  |
| of the date you file, the claim is: Check all that apply. Contingent   |
| Unliquidated   |
| Disputed   |
| e of NONPRIORITY unsecured claim:<br>Student loans   |
| 1 1 1 1 1 1 1 1 1 1 1 1  |

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| Fill in this information to identify yo                                  | our case:   |                                    |
|--|---|------------------------------------|
| United States Bankruptcy Court for the:<br>NORTHERN DISTRICT OF ILLINOIS |   |                                    |
| Case number (if known):  | Chapter you are filing under:  Chapter 7 Chapter 11 Chapter 12 Chapter 13 | Check if this is an amended filing |

#### Official Form 101

#### Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together-called a joint case-and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "De you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (If known). Answer every question.

|  | About Debtor 1:                             | About Debtor 2 (Spouse Only in a Joint Case): |
|--|---|---|
| Your full name   |   |   |
| Write the name that is on yo   | Gloria                                      |   |
| government-issued picture<br>identification (for example,<br>your driver's license or  | First Name                                  | First Name                                    |
| passport).   | Middle Nama                                 | Microla hiarne                                |
| The second secon | Castillo                                    | MINOCHE - B CO                                |
| Bring your picture<br>identification to your meeting   | Last Nome                                   | Last Name                                     |
| with the trustee.  | Suffic (So., Jr., 8, 18)                    | Suffix (Sr., Jr., 8, 8)                       |
| All other names you  |   |   |
| have used in the last 8<br>years   | First Name                                  | First Name                                    |
| Include your married or  | Mode Name                                   | Middle hame                                   |
| maiden names.  | Last Name                                   | Last Name                                     |
| Only the last 4 digits of your Social Security   | xxx - xx - 6 7 6 4                          | xxx - xx                                      |
| number or federal<br>Individual Taxpayer   | OR  | OR  |
| Identification number (ITIN)   | 9xx - xx                                    | 9xx - xx                                      |
| Any business names<br>and Employer<br>Identification Numbers   | 1 have not used any business names or EINs. | ☐ I have not used any business names or EINs  |
| (EIN) you have used in<br>the last 8 years   | Вымлия импер                                | flusiness name                                |
| Include trade names and  | Business name                               | Business ristre                               |
| doing business as names  | Purchase metter                             | Rosmasa namo                                  |

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| De | btor 1 Gloria Castillo                    | Case num   | iber (if known)  |  |  |
|----|---|--|--|--|--|
|    |   | About Debter 1: About  | ut Debtor 2 (Spouse Only in a Joint Case):   |  |  |
|    |   | $\overline{cn}$ - $$ $\overline{cn}$   |  |  |  |
|    |   | EN   |  |  |  |
| 5. | Where you live                            | If De  | btor 2 lives at a different address:   |  |  |
|    |   | 8823 S. Colfax   |  |  |  |
|    |   | Number Street Numb   | er Street  |  |  |
|    |   |  |  |  |  |
|    |   | Chicago IL 60617 City State ZP Colle City  | State ZIP Code   |  |  |
|    |   | County   | v  |  |  |
|    |   | Control of the contro | btor 2's mailing address is different  |  |  |
|    |   | the one above, fill it in here. Note that the from<br>oourt will send any notices to you at this will so   | from yours, fill it in here. Note that the court will send any notices to you at this mailing address.  Number Street      |  |  |
|    |   | Number Street Number   |  |  |  |
|    |   | P.O. Box P.O. E  | lox:   |  |  |
|    |   | City State ZIP Code City   | State ZIP Code   |  |  |
| 6. | Why you are choosing                      | Check one: Chec  | A one  |  |  |
|    | this district to file for<br>bankruptcy   | petition, I have lived in this district longer   | Over the last 180 days before filing this<br>petition, I have lived in this district longer<br>than in any other district. |  |  |
|    |   |  | have another reason. Explain.<br>See 28 U.S.C. § 1408.)  |  |  |
| P  | art 2: Tell the Court A                   | About Your Bankruptcy Case   |  |  |  |
| 7. | The chapter of the<br>Bankruptcy Code you | Check one: (For a brief description of each, see Notice Reg. for Bankruptcy (Form 2010)). Also, go to the top of page 1 ar   |  |  |  |
|    | are choosing to file<br>under             | Chapter 7  |  |  |  |
|    |   | Chapter 11   |  |  |  |
|    |   |  |  |  |  |
|    |   | Chapter 12   |  |  |  |

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| Debtor 1                                 | Gloria Castillo                                    |  | Case number (if kno                                       | wn)                                  |
|--|--|--|---|--------------------------------------|
| For your a<br>represent                  | attorney, if you are<br>ed by one                  | I, the attorney for the debtor(s) named in this p<br>eligibility to proceed under Chapter 7, 11, 12, or<br>relief available under each chapter for which 0 | or 13 of title 11, United 5<br>he person is eligible. I a | Iso certify that I have delivered to |
| If you are<br>an attorne<br>to file this | not represented by<br>ny, you do not need<br>page. | the debtor(s) the notice required by 11 U.S.C. certify that I have no knowledge after an inquiris incorrect.   | y that the information in                                 | IN SCHEDURG HAVE MILLED PRODUCTION   |
|  |  | Dan Balanoff Printed name Balanoff & Associates Firm Name  |   |                                      |
|  |  | 10100 S. Ewing Avenue<br>Number Street   |   |                                      |
|  |  | Chicago  | IL  | 60617                                |
|  |  | City   | State   | ZIP Code                             |
|  |  | Contact phone (773) 721-0111   | Email address chi   | cagojustice@gmail.com                |
|  |  | 6294202<br>Bar number  | IL<br>State   |                                      |
|  |  | 400  |   |                                      |

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| Deb | lor 1  | Gloria Castillo  |   |                                 |   |                       | Case numb  | per (if know                  | vn)  |
|-----|--|--|---|---------------------------------|---|-----------------------|--|-------------------------------|--|
| Pa  | art 6:   | Answer These C   | uesti   | ons                             | for Reporting I   | Purpos                | es   |                               |  |
| _   |  | kind of debts do you   | 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."  No. Go to line 16b.  ✓ Yes. Go to line 17. |                                 |   |                       |  |                               |  |
|     |  |  | 16b.  | Are mor                         | your debts prima<br>ney for a business of<br>No. Go to line 16<br>Yes. Go to line 1 | or investi<br>ic.     | iness debts? Busines<br>ment or through the ope  | s debts an<br>eration of ti   | e debts that you incurred to obtain<br>he business or investment.  |
|     |  |  | 16c.  | Stat                            | te the type of debts  | you owe               | that are not consumer  | or busines                    | s debts.   |
| 17. | Are yo   | ou filing under<br>er 7?   |   | No.                             | I am not filing und   | der Chap              | ter 7. Go to line 18.  |                               |  |
|     | any exclusion administration are paragraphic availation are paragraphic ava | u estimate that after<br>kempt property is<br>ded and<br>distrative expenses<br>ald that funds will be<br>ble for distribution<br>secured creditors? | ☑   | Yes.                            | I am filing under ( administrative ex   | Chapter 7<br>penses a | <ol> <li>De you estimate that<br/>are paid that funds will be</li> </ol>   | t after any o<br>be available | exempt property is excluded and<br>e to distribute to unsecured creditors?   |
| 18. |  | nany creditors do<br>stimate that you  |   | 1-49<br>50-99<br>100-1<br>200-8 | 199   |                       | 1,000-5,000<br>5,001-10,000<br>10,001-25,000   |                               | 25,001-50,000<br>50,001-100,000<br>More than 100,000   |
| 19. |  | much do you<br>ate your assets to<br>orth?   |   | \$50,0<br>\$100                 | 50,000<br>001-\$100,000<br>0,001-\$500,000<br>0,001-\$1 million                     | 0000                  | \$1,000,001-\$10 million<br>\$10,000,001-\$50 million<br>\$50,000,001-\$100 million<br>\$100,000,001-\$500 million | on [                          | \$500,000,001-\$1 billion<br>\$1,000,000,001-\$10 billion<br>\$10,000,000,001-\$50 billion<br>More than \$50 billion |
| 20. |  | much do you<br>ate your liabilities to   |   | \$50,0<br>\$100                 | 50,000<br>001-\$100,000<br>0,001-\$500,000<br>0,001-\$1 million                     |                       | \$1,000,001-\$10 millio<br>\$10,000,001-\$50 milli<br>\$50,000,001-\$100 mill<br>\$100,000,001-\$500 m             | on [                          | \$500,000,001-\$1 billion<br>\$1,000,000,001-\$10 billion<br>\$10,000,000,001-\$50 billion<br>More than \$50 billion |
| P   | art 7:   | Sign Below   |   |                                 |   |                       |  |                               |  |
| For | you  |  | and   | сопте                           | ct.   |                       |  |                               | at the information provided is true  |
|     |  |  | or 1  | 3 of til                        | thosen to file under<br>tie 11, United State<br>under Chapter 7.                    | r Chapter<br>es Code. | 7, I am aware that I ma<br>I understand the relief   | ay proceed<br>available u     | , if eligible, under Chapter 7, 11, 12,<br>under each chapter, and I choose to                                       |
|     |  |  | If no   | attor                           | ney represents me<br>; document, I have   | and I did<br>obtained | f not pay or agree to pa<br>i and read the notice re   | y someone<br>quired by 1      | who is not an attorney to help me<br>in U.S.C. § 342(b).   |
|     |  |  | 1 re  | quest                           | relief in accordance  | e with the            | chapter of title 11, Uni   | ited States                   | Code, specified in this petition.  |
|     | ä  |  | con   | nectio                          | and making a false<br>in with a bankrupto<br>18 U.S.C. §§ 152, 1                    | y case ca             | an result in fines up to \$  | or obtaining 250,000, c       | ng money or property by fraud in<br>or imprisonment for up to 20 years,  |
|     | ď  |  | x   | Glorie                          | Castillo, Debtor 1  | Ells                  | x  | Signature                     | of Debtor 2  |
|     |  |  |   |                                 | ited on 07/18/201   |                       |  | Executed                      |  |

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Debtor 1 Gloria Castillo Case number (if known) Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling 15. Tell the court About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): whether you You must check one: You must check one have received a I received a briefing from an approved credit I received a briefing from an approved credit briefing about counseling agency within the 180 days before I counseling agency within the 180 days before I credit filed this bankruptcy petition, and I received a filed this bankruptcy petition, and I received a counseling. certificate of completion. certificate of completion. Attach a copy of the certificate and the payment Attach a copy of the certificate and the payment The law requires plan. If any, that you developed with the agency. plan, if any, that you developed with the agency. that you receive a I received a briefing from an approved credit I received a briefing from an approved credit briefing about credit counseling agency within the 180 days before I counseling agency within the 180 days before I counseling before filed this bankruptcy petition, but I do not have filled this bankruptcy petition, but I do not have you file for a certificate of completion. bankruptcy. You a certificate of completion. must truthfully Within 14 days after you fee this bankruptcy patition. Within 14 days after you file this bankruptcy petition. check one of the you MUST file a copy of the certificate and payment you MUST file a copy of the certificate and payment following choices. plan, if any If you cannot do so. I certify that I asked for credit counseling I certify that I asked for credit counseling you are not eligible services from an approved agency, but was services from an approved agency, but was to file. unable to obtain those services during the 7 unable to obtain those services during the 7 days after I made my request, and exigent days after I made my request, and exigent if you file anyway. circumstances merit a 30-day temporary circumstances merit a 30-day temporary the court can waiver of the requirement. waiver of the requirement. dismiss your case, you will lose To ask for a 30-day temporary waiver of the To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what whatever filing fee requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you you paid, and your efforts you made to obtain the briefing, why you creditors can begin were unable to obtain it before you filed for were unable to obtain it before you filed for collection activities bankruptcy, and what exigent circumstances bankruptcy, and what exigent circumstances required you to file this case. again. required you to file this case. Your case may be dismissed if the court is Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. still receive a briefing within 30 days after you file. You must file a certificate from the approved agency. You must file a certificate from the approved agency. along with a copy of the payment plan you along with a copy of the payment plan you developed, if any. If you do not do so, your case developed, if any. If you do not so so, your case may be dismissed. may be dismissed. Any extension of the 30-day deadline is granted only Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days. for cause and is limited to a maximum of 16 days. I am not required to receive a briefing about I am not required to receive a briefing about credit counseling because of: credit counseling because of: [7] Incapacity. I have a mental illness or a mental Incapacity. I have a mental illness or a mental deficiency that makes me deficiency that makes me incapable of realizing or making incapable of realizing or making rational decisions about finances. rational decisions about finances. Disability. My physical disability causes me Disability. My physical disability causes me. to be unable to participate in a to be unable to participate in a briefing in person, by phone, or briefing in person, by phone, or through the internet, even after I through the internet, even after I reasonably fried to do so. reasonably tried to do so. Active duty. I am currently on active military Active duty. I am currently on active military duty in a military combat zone. duty in a military combat zone. If you believe you are not required to receive a If you believe you are not required to receive a briefing about credit counseling, you must file a briefing about credit counseling, you must file a motion for walver of credit counseling with the court. motion for waiver of credit counseling with the court.

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| Debt               | tor 1  | Gloria Castillo   |   |   |   | Case number (if known   | own)                      |                                    |                     |
|--------------------|--|---|---|---|---|---|---------------------------|------------------------------------|---------------------|
| Pa                 | ırt 3:   | Report About An   | y Bu  | sines   | ses You Own as a Sole Prop  | rietor  |                           |                                    |                     |
| 12.                |  | u a sole proprietor<br>full- or part-time<br>ss?  | No. Go to Part 4.  Yes. Name and location of business |   |   |   |                           |                                    |                     |
|                    | business yo  | proprietorship is a<br>ss you operate as an   |   |   | Name of business, if any  |   |                           |                                    |                     |
|                    | separat  | ual, and is not a<br>te legal entity such as<br>oration, partnership, or  |   |   | Number Street   |   |                           |                                    | <u> </u>            |
|                    | sole pro   | ave more than one<br>oprietorship, use a<br>te sheet and attach it  |   |   | City  Check the appropriate box to describ  | Sta   | ate                       | ZIP Cod                            | e                   |
|                    |  | petition.   |   |   | Health Care Business (as defined Stockbroker (as defined in 11 L Commodity Broker (as defined None of the above | ned in 11 U.S.C. § 101<br>efined in 11 U.S.C. §<br>J.S.C. § 101(53A)) | 101(51B))                 |                                    |                     |
| Chapter<br>Bankrus | u filing under<br>er 11 of the<br>uptcy Code and<br>u a small business | can   | set ap  | Wing under Chapter 11, the court mus<br>propriate deadlines. If you indicate that<br>balance sheet, statement of operations<br>these documents do not exist, follow | hat you are a small bu<br>ions, cash-flow staten  | isiness det<br>nent, and fo   | itor, you r<br>aderal inc | nust attach your<br>ome tax return |                     |
|                    |  | debtor?   | $   \sqrt{} $   | No.   | I am not filing under Chapter 11.   |   |                           |                                    |                     |
|                    |  | For a definition of small business debtor, see  |   | No.   | I am filing under Chapter 11, but I at<br>the Bankruptcy Code.  |   |                           |                                    |                     |
|                    | 11 U.S   | .C. § 101(51D).   |   | Yes.  | I am filing under Chapter 11 and I as<br>Bankruptcy Code.   | m a small business do   | ebtor accor               | ding to th                         | e definition in the |
| P                  | art 4:   | Report If You Ov  | wn o  | r Hav   | e Any Hazardous Property o  | r Any Property T  | hat Need                  | is Imm                             | ediate Attention    |
| 14.                | proper<br>allege<br>immin  | u own or have any<br>rty that poses or is<br>d to pose a threat of<br>ent and identifiable<br>d to public health or |   | No<br>Yes.  | What is the hazard?   |   |                           |                                    |                     |
|                    | any pr   | ? Or do you own<br>operty that needs<br>diate attention?  |   |   | If immediate attention is needed, wh  | ny is it needed?  |                           |                                    |                     |
|                    | perish:<br>livesto   | ample, do you own<br>able goods, or<br>ick that must be fed, or<br>ling that needs urgent<br>s?                     |   |   | Where is the property?  | Street  |                           |                                    |                     |
|                    |  |   |   |   | City  |   |                           | State                              | ZIP Code            |

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| Det        | otor 1   | Gloria Castillo                       |            |   | Ca   | se nu                      | mber (if known)   |   |
|------------|----------|---------------------------------------|------------|---|--|----------------------------|---|---|
| B. How     |          | you will pay the fee                  | Ø          | cour<br>pay   | I pay the entire fee when I file my petition<br>I for more details about how you may pay. I<br>with cash, cashier's check, or money order,<br>all, your allomey may pay with a credit card   | Typica<br>If you           | By, if you are pay<br>ir attorney is sub                    | ying the fee yourself, you may milting your payment on your   |
|            |          |                                       |            | I need to pay the fee in Installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). |  |                            |   |   |
|            |          |                                       |            | By in<br>than<br>fee i  | quest that my fee be waived (You may request, a judge may, but is not required to, waive 150% of the official powerty line that applier in installments). If you choose this option, you fee Waived (Official Form 103ts) and tile | e your<br>s to yo<br>ou mu | fee, and may do<br>ur family size or<br>st fill out the App | se only if your income is less<br>d you are unable to pay the |
| 9. Have ye |          | e you filed for                       |            | No.   |  |                            |   |   |
|            |          | uptcy within the<br>years?            |            | Yes.  |  |                            |   |   |
|            |          |                                       | Dist       | rict  |  | When                       |   | Case number   |
|            |          |                                       |            |   |  |                            | MM / DD / YYYY  |   |
|            |          |                                       | Dist       | nct _   |  | When                       | MW / DD / YYYY  | Case number   |
|            |          |                                       | Dist       | rict  |  | When                       | personal management of the control of                       | Case number   |
|            |          |                                       |            |   |  |                            | MM / DD / YYYY  | H SOCIETY IN THE CO.  |
| 10.        |          | ny bankruptcy                         | $\square$  | No  |  |                            |   |   |
|            |          | pending or being<br>y a spouse who is |            | Yes.  |  |                            |   |   |
|            |          | ng this case with                     | Deb        | tor   |  |                            | Relationsh  | ip ta you   |
|            |          | r by a business<br>ir, or by an       | Dist       | rict  |  | When                       |   | Case number,  |
|            | affiliat | 07                                    |            |   |  |                            | MM LOO LAAAA  |   |
|            |          |                                       | Deb        | for _   |  |                            | Relationsh  | ip to you   |
|            |          |                                       | Dist       | rict  |  | When                       |   | Case number,  |
|            | 9        |                                       |            |   |  |                            | MM (DD / YYYY   |   |
| 11.        | Do you   | u rent your                           | <b>5</b> 3 | No.   | Go to line 12,   |                            |   |   |
|            | reside   | nce?                                  |            | Yes.  | Has your landlord obtained an eviction jud   | green                      | t against you?  |   |
|            |          |                                       |            |   | No. Go to line 12.   |                            |   |   |
|            |          |                                       |            |   | Yes. Fill out Initial Statument About  |                            |   | Against You (Form 101A)                                       |
|            |          |                                       |            |   | and file it as part of this bankruptcy p   | etition                    | -   |   |

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| -   |   |   |                                 |  |  |   |                                  |
|---|---|---|---------------------------------|--|--|---|----------------------------------|
| Fill in this inf  | formation to i  | dentify your c  | case:                           |  |  |   |                                  |
| Debtor 1  | Gloria  |   |                                 | Castillo   |  |   |                                  |
|   | Fest Name   | Middle Name   |                                 | Last Name  |  |   |                                  |
| Debtor 2<br>(Spouse, if filing)   | First Name  | Middle Name   |                                 | Layt Nama  |  |   |                                  |
| United States Ba  | nikruptcy Court for   | The: NORTHER  | RN D                            | STRICT OF ILLINOIS   |  |   |                                  |
| Case number<br>(if known)   |   |   |                                 |  |  | Check if this amended file                |                                  |
| Official Form   | 106E/F  |   |                                 |  |  |   |                                  |
| Schedule E/   | F: Creditor   | s Who Hav   | re U                            | nsecured Claims  |  |   | 12/1                             |
|   | t All of Your F   |   |                                 | rour name and case number (  | f known).  |   |                                  |
|   | tors have priority  |   |                                 |  |  |   |                                  |
| ₩ No. Go1   |   |   | TOWN                            | William 19   |  |   |                                  |
| Yes.  |   |   |                                 |  |  |   |                                  |
| claim. For ea<br>show both pric<br>more space is<br>claim, list the<br>(For an explan | ch claim listed, ide<br>only and renpriors<br>needed for priori<br>other creditors is | entify what type o<br>ty amounts. As n<br>by unsecured clair<br>Part 3. | of clain<br>much a<br>ima, fill | for his more than one priority until is. If a claim his both priorities possible, list the claims in all tout the Continuation Page of Fuctions for this form in the instructions for this form in the instructions. | y and nonpriority a<br>chabetical order ac<br>Part 1. If more than | mounts. list that o<br>conding to the cre | faim here and<br>dtor's name. If |
| 2.1   |   |   |                                 |  |  |   |                                  |
| Horty Creditor's Name   | 4   |   | - Last                          | t 4 digits of account number   |  |   |                                  |
| umber Street  |   |   | _ Who                           | in was the debt incurred?  |  | _   |                                  |
|   |   |   |                                 | of the date you file, the claim i  | s: Check all that a  | pply.                                     |                                  |
|   |   |   |                                 | Contingent<br>Unliquidated   |  |   |                                  |
|   |   | W. D. W V   | -                               | Disputed   |  |   |                                  |
| ty<br>Vho incurred the  |   | ZIP Code  | Tun                             | e of PRIORITY unsecured clai   | em:  |   |                                  |
| Debtor 1 only   | danie onder e   |   | 11.00                           | Domestic support obligations   |  |   |                                  |
| Debtor 2 only   | labbar 7 anh  |   |                                 | Taxes and certain other debts y  |  | ment                                      |                                  |
| Debtor 1 and D<br>At least one of   | the debtors and a   | nother  | -                               | Claims for death or personal inj<br>intoxicated  | ury white you were   |   |                                  |
|   | taim is for a com   |   |                                 | Other, Specify   |  |   |                                  |
| s the claim subjec  | ct to offset?   |   |                                 |  |  |   |                                  |
| No<br>Yes   |   |   |                                 |  |  |   |                                  |

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| Debtor 1 Gloria Castillo  | Case number (if known)   |
|---|--|
| Part 2: List All of Your NONPRIORI  | TY Unsecured Claims  |
| <ol> <li>Yes</li> <li>List all of your nonpriority unsecured claims<br/>if a creditor has more than one nonpriority unsetype of claim it is. Do not list claims already in</li> </ol>   | d claims against you?  It. Submit this form to the court with your other schedules.  In the alphabetical order of the creditor who holds each claim, ecured claim, list the creditor separately for each claim. For each claim listed, identify what cluded in Part 1. If more than one creditor holds a particular claim, list the other creditors in unsecured claims, fill out the Continuation Page of Part 2. |
|   | Total claim  |
| Bank of America Nonpreny Creditor's Name Attn: Bankruptory Dept. Number Street P.O. Box 982238  | Last 4 digits of account number 2 9 0 4  When was the debt incurred? 1/18/05  As of the date you file, the claim is: Check all that apply.    Contingent   Uniquidated   |
| El Paso TX 7998  City Shale ZiP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset? | Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card   |
| 4.2 Best Buy/CBNA Neepnerly Creditor's Name P.O. Box 6497 Pomilier Steet Sloux Falls, SD 57117 Attn: Bankruptcy Dept.   | Last 4 digits of account number 9 6 9 5  When was the debt incurred? 7/28/12  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed   |
| City State ZP Code  Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset?  No Yes           | Type of NONPRIORITY unsecured claim:    Shutent loans     Obligations arising out of a separation agreement or divorce that you did not report as priority claims     Debts to pension or profit-sharing plans, and other similar debts     Other, Specify Credit Card   |

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| Debtor 1 Gioria Castillo                             | Case number (if known)  |             |
|--|---|-------------|
| Part 2: Your NONPRIORITY Unsecu                      | red Claims Continuation Page  |             |
| After listing any entries on this page, number the   | om sequentially from the  | Total claim |
| previous page.                                       |   | \$0.00      |
|  | Last 4 digits of account number 0 7 3 9   | \$0.00      |
| Capital One<br>Norpromy Creditors Name               | Last 4 digits of account number 0 7 3 9 When was the debt incurred? 2/2/08                                    |             |
| P.O. Box 30253                                       | As of the date you file, the claim is: Check all that apply.  |             |
| Number Shield<br>Salt Lake City, UT 84130            | Contingent  |             |
| Attn: Bankruptcy Dept.                               | Unliquidated  |             |
| Titali Serimophy Sopre                               | - Disputed  |             |
| City State ZIP Code                                  | Type of NONPRIORITY unsecured claim:  |             |
| Who incurred the debt? Check one.                    | Student loans   |             |
| Debtor 1 only Debtor 2 only                          | Obligations arising out of a separation agreement or divorce  |             |
| Debtor 1 and Debtor 2 only                           | that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts |             |
| At least one of the debtors and another              | Other. Specify  |             |
| Check if this claim is for a community debt          | Credit Card   |             |
| Is the claim subject to offset?                      |   |             |
| ☑ No   |   |             |
| Yes  |   |             |
| 4.4  |   | \$0.00      |
| Comenity Bank  | Last 4 digits of account number 2 2 4 6   | Alabania    |
| Nonpriority Creditor's Namo                          | When was the debt incurred? 12/3/17   |             |
| P.O. Box 182789<br>Number Shad                       | As of the date you file, the claim is: Check all that apply.  |             |
| Columbus, OH 43218                                   | Contingent  |             |
| Attn: Bankruptcy Dept.                               | Unliquidated Disputed   |             |
| war.   | ☐ District  |             |
| City State ZP Code Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim:  |             |
| Who incurred the debt? Check one.  Debtor 1 only     | Student loans   |             |
| Debtor 2 only  | Obligations arising out of a separation agreement or diverce<br>that you did not report as priority claims    |             |
| Debtor 1 and Debtor 2 only                           | Debts to pension or profit-sharing plans, and other similar debts   |             |
| At least one of the debtors and another              | Other, Specify  |             |
| Check if this claim is for a community debt          | Gredit Card   |             |
| Is the claim subject to offset?  No                  |   |             |
| T Yes  |   |             |
|  |   | 3232        |
| 4.5  | Unio esta con control na marco de la contract   | \$0.00      |
| Credit First National Assoc.                         | Last 4 digits of account number 7 1 0 3   |             |
| P.O. Box 81316                                       | When was the debt incurred? 11/15/13  |             |
| Number Street<br>Cleveland, OH 44181                 | As of the date you file, the claim is: Check all that apply.  |             |
|  | Contingent Unliquidated   |             |
| Attn: Bankruptcy Dept.                               | - Disputed  |             |
| Cry State ZP Code                                    | Type of NONPRIORITY unsecured claim:  |             |
| Who incurred the debt? Check one.                    | Student loans   |             |
| Debtor 1 only  | Obligations arising out of a separation agreement or divorce  |             |
| Debtor 2 only Debtor 1 and Debtor 2 only             | that you did not report as priority claims  |             |
| At least one of the debtors and another              | Debts to pension or profit-sharing plans, and other similar debts  Other. Specify                             |             |
| Check if this claim is for a community debt          | Credit Card   |             |
| Is the claim subject to offset?                      |   |             |
| ☑ No   |   |             |
| Yes  |   |             |

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| Case number (if known)   |  |
|--|--|
| red Claims Continuation Page   |  |
| om sequentially from the   | Total claim  |
|  | \$1,158.00   |
| Last 4 digits of account number 9 3 0 1  |  |
| When was the debt incurred? 9/10/15  |  |
| As of the date you file, the claim is: Check all that apply.   |  |
| _ Contingent   |  |
|  |  |
|  |  |
| Type of NONPRIORITY unsecured claim:   |  |
| Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify   |  |
| Credit Card  |  |
|  |  |
|  | \$11,386.00  |
| Last 4 digits of account number 0 3 4 3  |  |
|  |  |
|  |  |
|  |  |
| Unliquidated   |  |
|  |  |
| Type of NONPRIORITY unsecured claim:  ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ☑ Other. Specify ☐ Credit Card |  |
|  |  |
|  |  |
|  | \$1,054.00   |
| Last 4 digits of account number 8 1 2 3  |  |
|  |  |
|  |  |
|  |  |
| Unliquidated   |  |
| ─ ☐ Disputed   |  |
| Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts. Other. Specify Credit Card          |  |
|  | red Claims Continuation Page  In sequentially from the  Last 4 digits of account number 9 3 0 1  When was the debt incurred? 9/10/15  As of the date you file, the claim is: Check all that apply.  Contingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Chec. Specify Credit Card  Last 4 digits of account number 0 3 4 3  When was the debt incurred? 12/22/17  As of the date you file, the claim is: Check all that apply.  Contingent Unsquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Credit Card  Last 4 digits of account number 8 1 2 3  When was the debt incurred? 4/18/17  As of the date you file, the claim is: Check all that apply.  Credit Card  Last 4 digits of account number 8 1 2 3  When was the debt incurred? 4/18/17  As of the date you file, the claim is: Check all that apply.  Credit Card  Last 4 digits of account number 8 1 2 3  When was the debt incurred? 4/18/17  As of the date you file, the claim is: Check all that apply.  Cardingent Unliquidated Disputed  Type of NONPRIORITY unsecured claim: Student loans Collegations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts.  Other. Specify |

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| Debter 1 Gloria Castillo  | Case number (if known)   |             |
|---|--|-------------|
| Part 2: Your NONPRIORITY Unsecu   | red Claims Continuation Page   |             |
| After listing any entries on this page, number the<br>previous page.  |  | Total claim |
| 4.9   |  | \$675.00    |
| SYNCB/JC Penny  | Last 4 digits of account number 4 4 9 6  |             |
| P.O. Box 965007   | When was the debt incurred? 8/29/17  |             |
| Number Steet  | As of the date you file, the claim is: Check all that apply.   |             |
|   | ☐ Confingent ☐ Unliquidated  |             |
|   | Oisputed   |             |
| Orlando FL 32896 City State ZIP Code  | Type of NONPRIORITY unsecured claim:   |             |
| Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another   | Student loans  Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts  Other. Specify  |             |
| Check if this claim is for a community debt   | Credit Card  |             |
| Is the claim subject to offset?  No Yes   |  |             |
| 4.10  |  | \$4,743,00  |
| SYNCB/Sams Club   | Last 4 digits of account number 6 0 2 2  |             |
| Numberty Creditin's Name<br>P.O. Box 965005   | When was the debt incurred? 8/24/11  |             |
| Number Street   | As of the date you file, the claim is: Check all that apply.   |             |
| Orlando, FL 32896   | Contingent Uniteralizated  |             |
| Attn: Bankruptcy Dept.  | Disputed   |             |
| City State 29 Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Dector 2 only At least one of the debtors and another Check if this claim is for a community debt              | Type of NONPRIORITY unsecured claim:  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to persion or profit-sharing plans, and other similar debts.  Other. Specify Credit Card |             |
| Is the claim subject to offset?   | Groun Cara   |             |
| ☑ No<br>☐ Yes   |  |             |
| 4,11  |  | \$1,495.00  |
| SYNCB/Wal Mart  | Last 4 digits of account number 7 1 8 9  |             |
| P.O. Box 965024   | When was the debt incurred? 10/4/12  |             |
| Orlando, FL 32896   | As of the date you file, the claim is: Check all that apply.  Contingent   |             |
| Attn: Bankruptcy Dept.  | Unliquidated   |             |
| 11.4  | Disputed   |             |
| Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? | Type of NONPRIORITY unsecured claim;  Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts Other. Specify Gredit Card  |             |
| ☑ No<br>☐ Yes   |  |             |

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|   |   |   | Joannone 1                                 | ago 20 01 0 1                                |   |                                  |
|---|---|---|--|--|---|----------------------------------|
| Fill in this Inf                                | ormation to id  | entify your case:   | N. P. P. P.                                |  |   |                                  |
| Debtor 1  | Gloria<br>First Name  | Middle Nama   | Castillo<br>Last Name                      |  |   |                                  |
| Debtor 2<br>(Spouse, if filing)                 | First Name  | Woda Name   | Laid Name                                  |  |   |                                  |
| United States Bar                               | nkruptcy Court for t  | te: NORTHERN DIS  | TRICT OF ILLIN                             | DIS  |   |                                  |
| Case number<br>(if known)                       | 100   |   |  |  | Check if this is amended filter                       |                                  |
| Official Form                                   | 106D  |   |  |  |   |                                  |
|   | PO 3787 126   | Vho Have Clain  | ns Secured                                 | by Property                                  |   | 12/15                            |
| ✓ Yes. Fill Part 1: Lis  2. List all secure     | in all of the informat<br>t All Secured Co<br>ad claims. If a cre     | claims ditor has more than one  | secured                                    | chedules. You have not                       |   |                                  |
| claim, list the creditor has a<br>much as possi | creditor separately<br>particular claim, lis<br>ible, list the claims | ofor has more than one<br>for each claim. If more<br>the other creditors in F<br>in alphabelical order as | than one<br>Part 2. As                     | Column A  Amount of claim  Do not deduct the | Column B<br>Value of collateral<br>that supports this | Column C<br>Unsecured<br>portion |
| creditor's nam                                  | е.  | Describe the pr   | roperly that                               | value of collateral                          | claim   | If any                           |
| 2.1<br>American Honda                           | Cinaman   | secures the cla   | 0.00                                       | \$24,389.00                                  | \$21,000.00   | \$3,389.00                       |
| Creditor's name<br>2170 Point Blvd.             |   | 2016 Honda C<br>35000 miles)  | - 2016 Honda CRV (approx.<br>35000 miles)  |  |   |                                  |
| Number Street                                   |   |   |  |  |   |                                  |
| Ste. 100<br>Elgin                               | IL 60123  | Contingent  |  | s: Check all that apply.                     |   |                                  |
| City  | State ZP Code   | Unliquidated  | <b>5</b> 00                                |  |   |                                  |
| Who owes the deb<br>Debtor 1 only               | t7 Check one.   |   | Check all that appl                        |  |   |                                  |
| Debtor 2 only                                   |   | Section 1   | int you made (such<br>n (such as tax lien, | as mortgage or secured<br>merhanic's lunt    | car loan)   |                                  |
| Debtor 1 and D                                  | ebtor 2 only  | T Judgment &  | on from a lavauit                          | responsance a monty                          |   |                                  |
| At least one of                                 | the debtors and an  | Other (malu   | ding a right to offse                      | 0  |   |                                  |
| Check if this of to a communit                  |   | Purchase  | Money                                      |  |   |                                  |
| Date debt was inci                              | urred 6/7/16  | Last 4 digits of  | account number                             | 8 7 2 4                                      |   |                                  |

Add the dollar value of your entries in Column A on this page. Write that number here:

\$24,389,00

If this is the last page of your form, add the dollar value totals from all pages. Write that number here:

\$24,389.00

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| Debtor 1 Gioria Ca   | stillo                 |  | _     | Case number  | r (if known)                       |  |
|--|------------------------|--|-------|--|------------------------------------|--|
| Part 2: Additio  | nal Page               |  |       |  |                                    |  |
| Brief description of the<br>Schedule A/B that lists                    |                        | Current value of<br>the portion you<br>own | 10000 | ount of the<br>mption you claim  | Specific laws that allow exemption |  |
|  |                        | Copy the value from<br>Schedule A/B        |       | ck only one box for<br>h exemption                                       |                                    |  |
| Brief description:<br>TV/Cell Phone                                    |                        | \$100,00                                   |       | \$100,00<br>100% of fair market<br>value, up to any                      | 735 (LCS 5/12-1001(b)              |  |
| Line from Schedule Arti:   |                        |  |       | applicable statutory<br>limit  |                                    |  |
| Brief description:<br>Clothing   |                        | \$100,00                                   | Ø     | \$100,00<br>100% of fair market  | 735 ILCS 5/12-1001(b)              |  |
| Line from Schedule Arti.   |                        |  | .550) | value, up to any<br>applicable statutory<br>limit                        |                                    |  |
| Brief description:<br>\$20   |                        | \$20.00                                    |       | \$20,00<br>100% of fair market   | 735 (LCS 5/12-1001(b)              |  |
| Line from Schedule A/B:  | 16                     |  | _     | value, up to any<br>applicable statutory<br>limit                        |                                    |  |
| Brief description:   | SATSWAYS AND SATISFACE | \$30.00                                    | E     | \$30.00  | 735 (LCS 5/12-1001(b)              |  |
| First Savings Bank o<br>checking/savings ac<br>Line from Schedule A/S: | count                  |  |       | 100% of fair market<br>value, up to any<br>applicable statutory<br>limit |                                    |  |

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| Fill in this inf  | ormation to iden  | tify your  | case:  | Ť                                  | 20122  |  |
|---|---|--|--|------------------------------------|--|--|
| Debtor 1  | Gloria<br>First Name  | Middle Nam   | Castillo   |                                    |  |  |
| Debtor 2<br>(Spouse, if filing)   | First Name  | Midde Nan  | ne Last Name   |                                    |  |  |
|   |   |  | ERN DISTRICT OF  |                                    | NOIS   | T 20-14 20-1-1-1   |
| Case number<br>(if known)   |   |  |  |                                    | -  | Check if this is an amended filling  |
| Official Form   | 106C  |  |  |                                    |  |  |
| -23 1 2 3 4 2 3 1 0 0 0 1 C   |   | You C  | laim as Exem   | pt                                 |  | 04/16  |
| Using the property<br>space is needed, fi   | you listed on School  | //e A/B: Prop<br>is page as r                            | perty (Official Form 1   | 06A/II                             | l) as your source, list th   | responsible for supplying correct information,<br>we property that you claim as exempt. If more<br>essary. On the top of any additional pages,   |
| is to state a specif<br>exempted up to the<br>receive certain be<br>exemption of 1005 | lic dollar amount as<br>a amount of any ap-<br>nefits, and tax-exem<br>4 of fair market value | exempt. A<br>plicable sta<br>pt retireme<br>e under a li | Rematively, you ma<br>tutory limit. Some o<br>ont funds-may be un<br>aw that limits the ox | y clai<br>exemp<br>elimit<br>compt | im the full fair market<br>ptions—such as those<br>ed in dollar amount.  | you claim. One way of doing so<br>value of the property being<br>for health aids, rights to<br>However, if you claim an<br>lar amount and the value of the<br>ile statutory amount.  |
| Part 1: Ide   | ntify the Propert   | y You Cl   | aim as Exempt  |                                    | MAYACO ERROCKI MAID  | THE PROPERTY OF THE PROPERTY O |
| t. Which set of   | exemptions are you  | claiming?  | Check one only   | ever                               | il your spouse is Kling  | with you.  |
| Sebal   | daiming state and fed<br>daiming federal exen   |  | skruptcy exemptions.<br>U.S.C. § 522(b)(2)   | 11 6                               | J.S.C. § 522(b)(3)   |  |
| 2. For any prope  | orty you list on Scho   | rolule A/B ti  | nat you claim as exc   | empt.                              | fill in the information  | below.   |
|   | of the property and i<br>lists this property  | ine on   | Current value of<br>the portion you<br>own   |                                    | rount of the<br>emption you claim  | Specific laws that allow exemption   |
|   |   |  | Copy the value from<br>Schedule A/B  |                                    | eck only one box for<br>on exemption                                     |  |
| Brief description:  |   |  | \$18,250.00  | Ø                                  | \$15.000.00  | 735 ILCS 5/12-001  |
| 8823 S. Colfax  |   |  |  | ä                                  | 100% of fair market  | 100 1000 1112-001  |
| (1st exemption o<br>Line from Schedule  | laimed for this as  | set)   |  |                                    | value, up to any<br>applicable statutory<br>limit                        |  |
| Brief description:  |   |  | \$18,250.00  | Ø                                  | \$3,250.00   | 735 ILCS 5/12-1001(b)  |
| 8823 S. Colfax  | 12020110222110227   | erenge.  |  |                                    | 100% of fair market.   | The Colonia Co |
| (2nd exemption of<br>Line from Schedule   | claimed for this as<br>A/6:1,1  | iset)  |  |                                    | value, up to any<br>applicable statutory<br>limit                        |  |
| Brief description:  |   |  | \$250.00   | <b>2</b>                           | \$250.00   | 735 ILCS 5/12-1001(b)  |
| Furniture<br>Line from Schedule   | A/8:6   |  |  |                                    | 100% of fair market<br>value, up to any<br>applicable stalutory<br>limit |  |
| (Subject to adju  | ustment on 4/01/19 a  | nd every 3 y   |  | șes fi                             | led on or after the date   | 20.00 <b>*</b> ) \$222000 <b>*</b> )   |

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| Debtor 1  | Gloria Castillo  | Case n              | umber (if known)                |     |             |
|-----------|--|---------------------|---------------------------------|-----|-------------|
| Part 7    | Describe All Property You Own or Have an I   | nterest in That You | Did Not List Abov               | /e  |             |
|           | rou have other property of any kind you did not already limples. Season tickets, country club membership | st?                 |                                 |     |             |
| 100.0     | No<br>Yes. Give specific information.  |                     |                                 |     |             |
| 54. Add   | the dollar value of all of your entries from Part 7. Write t   | hat number here     |                                 | -   | \$0.00      |
| Part 8:   | List the Totals of Each Part of this Form  |                     |                                 | 107 |             |
| 55. Part  | 1; Total real estate, line 2   |                     |                                 |     | \$18,250.00 |
| 56. Part  | 2: Total vehicles, line 5  | \$21,000.00         |                                 |     |             |
| 57. Part  | 3: Total personal and household items, line 15   | \$450.00            |                                 |     |             |
| 58. Part  | 4: Total financial assets, line 36   | \$50.00             |                                 |     |             |
| 59. ,Part | 5: Total business-related property, line 45  | \$0.00              |                                 |     |             |
| 60. Part  | 6: Total farm- and fishing-related property, line 52   | \$0.00              |                                 |     |             |
| 61. Part  | 7: Total other property not listed, line 54  | + \$0.00            |                                 |     |             |
| 62. Total | personal property. Add lines 50 through 61   | \$21,500.00         | Copy personal property total -> | +   | \$21,500.00 |
| B3. Total | of all property on Schedule A/B. Add line 55 + line 62   |                     |                                 |     | \$39,750.00 |

Official Form 106A/B

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| Det | otor 1   | Gloria Castillo  | Case number (if known)  |   |
|-----|--|--|---|---|
| 42. | Interes  | s in partnerships or joint ventures  |   |   |
|     | No Yes   | . Describe Name of entity:   | % of ownership  |   |
| 43. | Custom   | ner lists, mailing lists, or other compilations  |   |   |
|     | ☑ No<br>☐ Yes  | Do your lists include personally identifiable No Yes. Describe                           | information (as defined in 11 U.S.C. § 101(41A))?                   |   |
| 44. | Any bu   | siness-related property you did not already lis  | t   |   |
|     | No Yes   | . Give specific information.   |   |   |
| 45. |  | dollar value of all of your entries from Part 5,<br>d for Part 5. Write that number here |   | \$0.00  |
| P   |  | Describe Any Farm- and Commercial<br>If you own or have an interest in farmland          | Fishing-Related Property You Own or Have a<br>I, list it in Part 1. | n Interest in.  |
| 46. | De you   | own or have any legal or equitable interest in   | any farm- or commercial fishing-related property?                   |   |
|     | Notice of the last | Go to Part 7,<br>Go to line 47.  |   |   |
| 47. | Farm ar  |  |   | Current value of the portion you own?<br>Do not deduct secured<br>claims or exemptions. |
|     | Example<br>No<br>Yes   | es: Livestock, poultry, fami-raised fish   |   |   |
| 48. | Crops-   | either growing or harvested  |   |   |
|     |  | Give specific  |   |   |
| 49, | Farm at  | od fishing equipment, implements, machinery,   | fixtures, and tools of trade  |   |
|     | ☑ No<br>☐ Yes  |  |   |   |
| 50, | Form ar  | d fishing supplies, chemicals, and feed  |   |   |
|     | ☑ No<br>☐ Yes  | -  |   |   |
| 51, | Any fan  | n- and commercial fishing-related property yo  | u did not already list  |   |
|     |  | Give specific mation   |   |   |
| 52. |  | dollar value of all of your entries from Part 6,<br>I for Part 6. Write that number here | including any entries for pages you have                            | \$0.00  |

Official Form 106A/B Schedule A/B: Property page 6

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| Fill in this                               | information to identif                | y your case and this filing:   |  |              |  |
|--|---------------------------------------|--|--|--------------|--|
| Debtor 1                                   | Gloria                                | Castillo<br>fode have Last Name  |  |              |  |
| Debtor 2                                   | First Name X                          | NOOR Harry Can Harry   |  |              |  |
|  | ing) Fire Name N                      | Sddw Name Lest Name  |  |              |  |
| United States                              | Bankruptcy Court for the: N           | ORTHERN DISTRICT OF ILLINOIS   |  |              |  |
| Case number                                | 8                                     |  | Check if this is an  |              |  |
| (if known)                                 |                                       |  | amended filing   |              |  |
| Official Fac                               | 100A/D                                |  |  |              |  |
|  | rm 106A/B                             |  |  | 12/15        |  |
|  | A/B: Property                         | cribe items. List an asset only once. If an a  |  |              |  |
| Part 1: I                                  | orm. On the top of any add            | ble for supplying correct information. If mo<br>ditional pages, write your name and case nur<br>ence, Building, Land, or Other Real E<br>uitable interest in any residence, building, la | Estate You Own or Have an Inter-   |              |  |
| -  | Where is the property?                |  |  |              |  |
| 1.1.<br>8823 S. Colfa                      | IX<br>nualistile or other description | What is the property?<br>Check all that apply.   | Do not deduct secured claims or exem<br>amount of any secured claims on Scho<br>Creditors Who Have Claims Secured A      | edule D:     |  |
| 20180 ADVINS, F.                           | nomine, or other description          | Single-family home Duplex or multi-unit building Condominium or cooperative  |  | radue of the |  |
| Chicacgo                                   | IL 60617                              | Manufactured or mobile home  | \$36,500.00  | \$18,250.00  |  |
| Cook                                       | State ZP Code                         | Land Investment property Timeshare   | Describe the nature of your ownersh<br>interest (such as fee simple, tenancy<br>entireties, or a life estate), if known, | y by the     |  |
| County                                     |                                       | — Other  | Joint Tenant   |              |  |
|  |                                       | Who has an interest in the property?<br>Check one.   | 24100  |              |  |
|  |                                       | Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and anoths  | Check if this is community properties (see instructions)   | ety          |  |
|  |                                       | Other information you wish to add about property identification number:  | it this item, such as local  |              |  |
|  |                                       | ou own for all of your entries from Part 1, in<br>for Part 1. Write that number here   |  | \$18,250.00  |  |
| Part 2:                                    | Describe Your Vehicle                 | 25   |  |              |  |
|  |                                       | able interest in any vehicles, whether they a  |  | ê S          |  |
|  |                                       | illity vehicles, motorcycles   |  |              |  |
| <ol> <li>Cars, vans</li> <li>No</li> </ol> | s, vuens, tractors, sport ut          | Administry industry lies   |  |              |  |
| Yes Yes                                    |                                       |  |  |              |  |

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| Dei        | otor 1 Gloria (  | Castillo   | Ca   | se number (if known)         |   |
|------------|--|--|--|------------------------------|---|
| Oth<br>201 | ke:<br>del:<br>oroximate mileage:<br>ser information:<br>16 Honda CRV (a<br>les)   | approx. 35000  | Who has an interest in the property?  Check one.  Debter 1 only Debter 2 only Debter 1 and Debter 2 only At least one of the debters and another  Check if this is community property (see instructions)  ATVs and other recreational vehicles, other vehicles are second watercraft, fishing vessels, snowmobiles, in | ticles, and accessories      | ms on Schedule D:   |
| 5.         | Yes  | alue of the portion  | you own for all of your entries from Part 2, incl  | uding any                    | £24 200 PB  |
|            | entries for page   | s you have attached  | d for Part 2. Write that number here   |                              | \$21,000,00   |
|            | Water transfer for the same and the same   |  | nal and Household Items ble interest in any of the following items?  |                              | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 6,         | Examples: Major  | ts and furnishings<br>appliances, furnitur   | e, lineris, china, kitchemvare   |                              |   |
|            | ☐ No<br>☑ Yes. Describ   | e Furniture  |  |                              | \$250.00  |
| 7.         | Examples: Televi   |  | udia, videe, sterea, and digital equipment, comput<br>nic devices including cell phones, cameras, media  |                              |   |
|            | ☐ No<br>☑ Yes. Describ   | o TV/Cell Pho  | ne   |                              | \$100.00  |
| 8.         | the second secon | ues and figurines; pa  | sintings, prints, or other actwork; books, pictures, or<br>and collections; other collections, memorabilia, col  |                              |   |
|            | No Yes. Describ  | ie   |  |                              |   |
| 9,         | Examples: Sports   | The second of the control of the con | rcise, and other hobby equipment, bicycles, pool t<br>entry tools; musical instruments   | ables, golf clubs, skis;     |   |
|            | No<br>Yes. Describ   | œ  |  |                              |   |
| 10.        | Firearms<br>Examples: Platoh   | s, rifles, shotguns, a   | mmunition, and related equipment   |                              |   |
|            | No Yes, Describe   | 4  |  |                              |   |
| 11.        | Clothes<br>Examples: Every   | day clothes, furs, lea   | Wher coats, designer wear, shoes, accessories  |                              |   |
|            | ☐ No<br>☑ Yes. Describ   | e Clothing   |  |                              | \$100.00  |
| 12         | Jewelry<br>Examples: Every<br>gold, s  |  | e jewelry, engagement rings, wedding rings, heirlo   | orn jewelry, watches, gerns, |   |
|            | ☑ No<br>☐ Yes. Describe  | 0  |  |                              |   |

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| Det | otor 1            | Gioria Castillo  |   | Case number (if known)                    |  |
|-----|-------------------|--|---|---|--|
| 13. |                   | rm animals<br>les: Dogs, cats, birds, hor  | rses  |   |  |
|     |                   | B. Describe  |   |   |  |
| 14. | Any ot<br>did not |  | hold items you did not already list, including  | g any health aids you                     |  |
|     |                   | s. Give specific   |   |   |  |
| 15. |                   | e dollar value of all of yo<br>d for Part 3. Write the re  | our entries from Part 3, including any entries<br>number here   | s for pages you have                      | \$450.00   |
| P   | art 4:            | Describe Your Fin  | nancial Assets  |   |  |
| Do  | you own           | or have any logal or equ   | ultable interest in any of the following?   |   | Current value of the portion you own?<br>Do not deduct secured claims or exemptions. |
| 16. |                   | petition   | our wallet, in your home, in a safe deposit box,  | and on hand when you file your            |  |
|     | Yes               |  |   | Cash                                      | \$20.00  |
| 17. |                   |  | r other financial accounts; cértificates of depos<br>nd other similar institutions. If you have multipl                                   |   |  |
|     | No Yes            | Inches in the same of the same | Institution name  |   |  |
|     | 17                | 1. Checking account:   | First Savings Bank of Hegewisch,  | checking/savings account                  | \$30.00  |
| 18, |                   | mutual funds, or publica<br>es: Bond funds, investme   | ly traded stocks<br>ent accounts with brokerage firms, money mark   | ket accounts                              |  |
|     | No Yes            | Institu  | tution or issuer name:  |   |  |
| 19, |                   | blicly traded stock and it   | interests in incorporated and unincorporate   | d businesses, including                   |  |
|     | No Yes            | . Give specific immedian about   | e of entity:  | % of ownership:                           |  |
| 20. | Govern            | ment and corporate bond<br>ble instruments include po  | ids and other negotiable and non-negotiable<br>ersonal checks, cashiers' checks, promiseery nose you cannot transfer to someone by signin | e instruments<br>notes, and money orders. |  |
|     | info              | . Give specific<br>rmation about   | or name:  |   |  |
| 21. |                   | nent or pension accounts<br>ea: Interests in IRA, ERIS<br>profit-sharing plans   | s<br>SA, Keogh. 401(k), 403(b), thrift savings accoun   | nts, or other pension or                  |  |
|     |                   | List each<br>ount separately. Type of  | of account: Institution name:   |   |  |

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| Debl | tor 1             | Gloria Castillo   |   | Case number (if known)                                 |   |  |  |  |
|------|-------------------|---|---|--|---|--|--|--|
| Deb  | 1011              | Gioria Castillo   |   |  |   |  |  |  |
| 22.  | Your sh<br>Examp  | ty deposits and pre-<br>hare of all unused de<br>les: Agreements with<br>nies, or others  | payments<br>posits you have made so that you may continue servion<br>h landlords, prepaid rent, public utilities (electric, gas, to | ce or use from a company<br>water), telecommunications |   |  |  |  |
|      | <b>☑</b> No       |   | touth tion appear or influiduali  |  |   |  |  |  |
|      | ☐ Ye              | S   | Institution name or individual:<br>a specific periodic payment of money to you, either for  | life or for a number of years)                         |   |  |  |  |
| 23.  | Annuit<br>No      |   | specific periodic payment or money as you, office   |  |   |  |  |  |
|      | П Үе              |   |   |  |   |  |  |  |
| 24.  | Interes<br>26 U.S | sts in an education l<br>i.C. §§ 530(b)(1), 529   | IRA, in an account in a qualified ABLE program, or<br>A(b), and 529(b)(1).  | under a qualified state tuition pro                    | gram.   |  |  |  |
|      | ☑ No              | 98  | Institution name and description. Separately file the   | records of any interests. 11 U.S.C.                    | § 521(c)  |  |  |  |
| 25.  | Trusts            |   | interests in property (other than anything listed in  |  |   |  |  |  |
|      | No.               |   | out bottom  |  |   |  |  |  |
|      | □ Ye              | es. Give specific formation about them  | ı   |  |   |  |  |  |
| 26.  | Examp             | oles: Internet domain   | emarks, trade secrets, and other intellectual proper<br>names, websites, proceeds from royalties and licensi                        | ty;<br>ng agreements                                   |   |  |  |  |
|      |                   | o<br>as. Give specific<br>formation about them  |   |  |   |  |  |  |
| 27.  | Licens            | Licenses, franchises, and other general intangibles  Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses |   |  |   |  |  |  |
|      | Ø No<br>□ Yo      |   |   |  |   |  |  |  |
| Мо   |                   | property owed to yo   |   |  | Current value of the portion you own? Do not deduct secured claims or exemptions. |  |  |  |
| 28.  | Tax re            | efunds owed to you  |   |  |   |  |  |  |
|      | Ø N               | 0   |   | Federa   | ŀ   |  |  |  |
|      |                   | es. Give specific info<br>bout them, including  |   |  |   |  |  |  |
|      |                   | ou already filed the re   |   | State:   |   |  |  |  |
|      | ♣ ar              | nd the tax years  |   | Local:   |   |  |  |  |
| 29.  | Famil<br>Exam     | ly support<br>ples: Past due or lur   | np sum alimony, spousal support, child support, maint   | enance, divorce settlement, propert                    | y settlement  |  |  |  |
|      | Ø N               | lo  | owner.com   | Alimony:   |   |  |  |  |
|      |                   | es. Give specific info  | ormanon   | Maintenance:   |   |  |  |  |
|      |                   |   |   | Support:   |   |  |  |  |
|      |                   |   |   |  |   |  |  |  |
|      |                   |   |   |  |   |  |  |  |
|      |                   |   |   | Property settlemen                                     | ıt  |  |  |  |
| 30.  | Exam              | r amounts someone<br>opies: Unpaid wages<br>compensation  | owes you<br>, disability insurance payments, disability benefits, slob<br>, Social Security benefits; unpaid loans you made to se   | k pay, vacation pay, workers'<br>omeone else           |   |  |  |  |
|      | 1                 | lo  | Converting  |  |   |  |  |  |
|      |                   | es. Give specific inf   | Official (01)   |  |   |  |  |  |

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| Deb | dor 1    | Gloria Castillo  |  | Case number (if known)                                     |   |
|-----|----------|--|--|--|---|
| 31, | Interes  | its in insurance policies  |  |  |   |
|     |          | Particular services and the services of the services and the services and the services are services are services are services and the services are se | life insurance; health savings a                                 | account (HSA), credit, homeowner's, or renter's as         | urance  |
|     | No.      | s. Name the insurance  |  |  |   |
|     | Annal .  | mpany of each policy   |  |  |   |
|     |          | d list its value   | Company name:  | Beneficiary:   | Surrender or refund value                                   |
| 32. | If you r |  |  | has died<br>n a life insurance policy, or are currently    |   |
|     | No Ye    | s. Give specific informat  | ion  |  |   |
| 33. |          |  | whether or not you have filed<br>ert disputes, insurance claims. | a lawsuit or made a demand for payment<br>or rights to sue |   |
|     | No Ye    | s. Describe each claim   |  |  |   |
| 34. |          | contingent and unliquid<br>to set off claims   | ated claims of every nature, i                                   | including counterclaims of the debter and                  |   |
|     | No Ye    | s. Describe each diaim.  |  |  |   |
| 35. | Any fir  | nancial assets you did n   | ot already list  |  |   |
|     | ☑ No     | s. Give specific informat  | ion  |  |   |
| 36. | Add th   | e dollar value of all of v   | our entries from Part 4, Inclu                                   | ding any entries for pages you have                        |   |
|     |          | ed for Part 4. Write that  |  |  | \$50.00   |
|     |          |  |  |  | and and the Book of   |
| P   | art 5:   | Describe Any Busi  | ness-Related Property  | You Own or Have an Interest In. List ar                    | ry real estate in Part 1.                                   |
| 37. | Do you   | own or have any legal  | or equitable interest in any b                                   | usiness-related property?                                  |   |
|     | No.      | Go to Part 6:  |  |  |   |
|     | Marie .  | s. Go to line 38.  |  |  |   |
|     |          |  |  |  | Current value of the portion you own? Do not deduct secured |
| 38. | Accoun   | nts receivable or comm   | issions you already earned                                       |  | claims or exemptions.                                       |
|     | era No   |  | (6) (6)  |  |   |
|     | No Ye    | t. Describe  |  |  |   |
| 39. |          | equipment, furnishings,<br>les: Business-related cor<br>desks, chairs, electri   | mputers, software, moderns, pri                                  | inters, copiers, fax machines, rugs, telephones,           |   |
|     | No Yes   | s, Describe  |  |  |   |
| 40. | Machin   | ery, fixtures, equipmen  | rt, supplies you use in busine                                   | ess, and tools of your trade                               |   |
|     | M No     | consequences of Marin (A)  |  |  |   |
|     | 10.0     | . Describe   |  |  |   |
| 41. | Invento  | Dry  |  |  |   |
|     | M No     |  |  |  |   |
|     | ☐ Yes    | L. Describe  |  |  |   |